Forn	1	17,	ZU	Ear		.s. Corporation	income	ıaxı				OMB No. 1545-0123
		nt of the evenue s	Treasury Service	For	calendar year 2023 or tax Go to www	v.irs.gov/Form1120 for it	nstructions a	nd the	, ending latest information			2023
A (Check Conso attach		eturn		Name	ARE PHARMAC					B Employer 87-12 4	ridentification number
	dated return OR Number, street, and room or suite no. If a P.O. box, see in 12103 DARNESTOWN ROAI							***		C Date incom		
		nal holdin Sch. PH		PRINT						+	06/16/	***************************************
		nal servic			NORTH PO	vince, country, and ZIP or fore	ign postal code MD 20	979			D Total asse	ets (see instructions)
(see in	struction ule M-3 a	s) 🛏 I		NORTH FO.	IOHAC	MD 20	0 / 0			•	600
•	Jonean	uic ivi-o c	attacried	F Chec	ck if: (1) Initial ret	urn (2) X Final re	eturn (3)	No	me change (4)		\$	698
	1:	a Gro	ss receipts or	calce				1a	me change (4)	77	ddress chang	е
	"		urns and allow					1b				
	(ance. Subtract								10	772
	2							· · · · · · ·			1c 2	112
	3	Gro	ss profit. Subtr	a (allacii i ract line 2	from line 1c						3	772
a.	4	Divi	dends and incl	lusions (S	Schedule C. line 23)						4	
Ĕ	5	Inte	rest	0 0110100	onedule o, line 25)						5	
ncome	6											
_	7	Gro	ss royalties									
(8		• • • • • • • • • • • • • • • • • • • •	come (att	ach Schedule D (For	rm 1120))						
	9					7 (attach Form 4797)	• • • • • • • • • • • • • • • • • • • •					
	10	Oth	er income (see	instructio	ns—attach stateme	nt)					10	
	11	Tota	al income. Add	d lines 3 t	hrough 10	nt)					11	772
	12	Con	npensation of o	officers (s	ee instructions—atta	ach Form 1125-E)			****************		12	112
_	13	Sala	aries and wage	s (less en	nnloyment credits)				• • • • • • • • • • • • • • • • • • • •		13	
ee instructions for limitations on deductions.)	14	Ren	airs and maint	enance	inprogramma credita)						14	
	15	Bad	debts								15	
eqn	16	Ren										
o L	17		es and license:									300
S O	18											300
ţi	19	Cha	ritable contribu	itions							18	
nita	20				2 not claimed on Eo	rm 1125-A or elsewher			Farm 4562)		19	
Ë	21		1-41									
s fo	22	•										
ţi	23			ring etc	nlane							19.16
2	24	Emr	oloyee benefit	programs								
inst	25					(attach Form 7205)						
see	26	Othe	er deductions (attach sta	- 4 - · · · · · · · · · · · · · · · · ·				SEE STMT	1	26	1,750
Deductions (Se	27				a 12 through 26						27	2,050
ţi	28				•	tion and special deduc	tions Subtra	ct line			28	-1,278
qrc	29a					·		29a	27 110117 11110 77		20	1,210
Ğ	b				٠.			29b				
	c		lines 29a and								29c	
	30				ine 29c from line 28.	See instructions		<u></u>				-1,278
ax, Kerundable Credits, and Payments	31	Tota	al tax (Schedule	e J, Part I	, line 11)						31	0
edits	32		erved for future								200000000	77.5 17.7 17.7 17.5
ecr	33	Tota	al payments an	d credits	(Schedule J, Part II,						33	
ayme	34					f Form 2220 is attached					34	
Fig.	35	Amo	ount owed. If I	ine 33 is s	smaller than the tota	l of lines 31 and 34, en					35	
×,	36	Ove	rpayment. If li	ne 33 is la	arger than the total o	of lines 31 and 34, ente	r amount ove	erpaid			36	
<u> </u>	37	Ente	er amount from	line 36 ye	ou want: Credited to	2024 estimated tax			Refun	ded	37	
	1	Under pe	enalties of perjury, I d	declare that I had	nave examined this return, in	cluding accompanying schedule er than taxpayer) is based on all	s and statements,	and to th	e best of my knowledge			this return with the preparer
Sig	JIII	and bene	si, it is true, correct, a	and complete.	Deciaration of preparer (other	er tilali taxpayer) is based oli ali	information of with	icii prepa	· ·	_	wn below? See in	structions. X Yes No
He	re	Signa	ture of officer	AD TMR	SEREMET		Date		PRESID Title	'ENT		
	I		Print/Type prepa		Sakethi I	Preparer's signature			Date			PTIN
Pai		ļ	YOAV KA			YOAV KATZ			02/21/2	24	Check it self-employed	
	pai		Firm's name			P.A.					Firm's EIN	52-1260827
Us	e O	nly	Firm's address			ERY AVE STE	200				Phone no.	
				BET	HESDA, MD		20814				301-9	51-8700

૽ૼઙ૽૽	Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed		F0	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed		50	
	stock)	40-4	65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations	· · · · · · · · · · · · · · · · · · ·	See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9 10	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign		1 100	
14	corporation (excluding hybrid dividends) (see instructions) Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13		100	
• •	(including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of	Balanta o de la Caractería		
	the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s)		100	
С	5471) (see instructions) Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach			
	Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on			
24	page 1, line 4 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, lines 1.	ne 29b	las de la la	

20a

20b

20c

Withholding (see instructions)

Total payments. Add lines 16, 17, and 18

Total credits. Add lines 20a through 20z

Elective payment election amount from Form 3800

Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33

Form 2439

Form 4136

Reserved for future use

Other (attach statement–see instructions)

Form 1120 (2023)

17

18

19

21

22

23

17

18

19

20

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b

С

Z

21

22

Refundable credits from:

400000000000000000000000000000000000000	1120 (2023) TIPTON CARE PHARMACY INC	87-124	10467	Page 4
S	Other Information (see instructions)			
1	Check accounting method: a Cash b X Accrual c	Other (specify)		Yes No
2	See the instructions and enter the:			
а	Business activity code no. 446110			
b	Business activity PHARMACY			
C	Product or service RETAIL PHARMACY			
3	Is the corporation a subsidiary in an affiliated group or a parent-subsid			
	If "Yes," enter name and EIN of the parent corporation			
4	At the end of the tax year:			
a	Did any foreign or domestic corporation, partnership (including any ent	life the stand on a sector well-in \ t	1 -1	
	organization own directly 20% or more, or own, directly or indirectly, 50			
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedu			X
b	Did any individual or estate own directly 20% or more, or own, directly			
	classes of the corporation's stock entitled to vote? If "Yes," complete F			X
5	At the end of the tax year, did the corporation:	art ii or concedic o (i oiiii 11)	zoj (attach ochedule oj	
а	Own directly 20% or more, or own, directly or indirectly, 50% or more of	of the total voting power of all o	lasses of stock entitled to vot	e of
	any foreign or domestic corporation not included on Form 851, Affiliation			
	If "Yes," complete (i) through (iv) below.		•	
	(i) Name of Corporation	(ii) Employer	(iii) Country of	(iv) Percentage
	(i) Name of Corporation	Identification Number (if any)	Incorporation	Owned in Voting Stock
b	Own directly an interest of 20% or more, or own, directly or indirectly, a	an interest of 50% or more in a	ny foreign or domestic partne	rship
	(including an entity treated as a partnership) or in the beneficial interes			
	If "Yes," complete (i) through (iv) below.		• /	
	(i) Name of Entity	(ii) Employer	(iii) Country of	(iv) Maximum
	(1) Name of Entity	Identification Number (if any)	(iii) Country of Organization	Percentage Owned in Profit, Loss, or Capita
6	During this tax year, did the corporation pay dividends (other than stock	k dividends and distributions in	exchange for stock) in	
	excess of the corporation's current and accumulated earnings and prof			X
	If "Yes," file Form 5452, Corporate Report of Nondividend Distributions	s. See the instructions for Form	n 5452.	
	If this is a consolidated return, answer here for the parent corporation a	and on Form 851 for each subs	sidiary.	
7	At any time during this tax year, did one foreign person own, directly or	indirectly, at least 25% of the	total voting power of all	
	classes of the corporation's stock entitled to vote or at least 25% of the	total value of all classes of the	e corporation's stock?	X
	For rules of attribution, see section 318. If "Yes," enter:			
	(a) Percentage owned and (b) Owner's country			
	(c) The corporation may have to file Form 5472, Information Return of		Corporation or a Foreign	
	Corporation Engaged in a U.S. Trade or Business. Enter the number of			
8	Check this box if the corporation issued publicly offered debt instrumen	its with original issue discount		U 🖟
	If checked, the corporation may have to file Form 8281, Information Re			
9	Enter the amount of tax-exempt interest received or accrued during this	stax year \$	Ü	
0	Enter the number of shareholders at the end of the tax year (if 100 or fe	ewer)		
1	If the corporation has an NOL for the tax year and is electing to forego	the carryback period, check he	ere (see instructions)	Ц 🔭
	If the corporation is filing a consolidated return, the statement required or the election will not be valid.	by Regulations section 1.1502	-21(b)(3) must be attached	
2	or the election will not be valid. Enter the available NOL carryover from prior tax years (do not reduce it by any dec	Justian rapartad an page 4. line 20a		39 223

Form 1120 (2023)

S	Other Information (continued from page 4)	raye
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the	Yes No
	tax year less than \$250,000?	X
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash	
	distributions and the book value of property distributions (other than cash) made during this tax year \$	
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions	X
	If "Yes," complete and attach Schedule UTP.	
15a	Did the corporation make any payments that would require it to file Form(s) 1099?	X
b	If "Yes," did or will the corporation file required Form(s) 1099?	
16	During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its	
	own stock?	X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value)	
4.0	of its assets in a taxable, non-taxable, or tax deferred transaction?	X
18	Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair	
40	market value of more than \$1 million?	X
19	During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S	
20	under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? Is the corporation operating on a cooperative basis?	X
21	During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under	
	section 267A? See instructions	X
	If "Yes," enter the total amount of the disallowed deductions \$	
22	Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).)	X
	If "Yes," complete and attach Form 8991.	
23	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect	
	during this tax year? See instructions	X
24	Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions	Х
а	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.	
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the	
	current tax year are more than \$29 million and the corporation has business interest expense.	
С	The corporation is a tax shelter and the corporation has business interest expense.	
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?	Х
	If "Yes," enter amount from Form 8996, line 15\$	
26	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or	
	indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than	
	50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership	
	percentage by vote and by value. See instructions	X
27	Percentage: By Vote By Value At any time during this toy year did the correction (c) receive a digital count (as a reveal area of a receive a digital county.	
21	At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions	X
28	Is the corporation a member of a controlled group?	- X
	If "Yes," attach Schedule O (Form 1120). See instructions.	21
29	Corporate Alternative Minimum Tax:	
а	Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year?	X
	If "Yes," go to question 29b. If "No," skip to question 29c.	
b	Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an	
	applicable corporation in the prior tax year?	X
	If "Yes," complete and attach Form 4626. If "No," continue to question 29c.	7 ,
С	Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A), for the current tax	
	year? See instructions	X
	If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.	
30	Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):	
a	Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)?	
b	Under the applicable foreign corporation rules?	X
С	Under the covered surrogate foreign corporation rules?	X
	If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for	7
31	Form 7208.	
U 1	Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more?	X
	If "Yes." attach a statement. See instructions.	

Net Operating Loss Carryover Worksheet

For calendar year 2023 or tax year beginning

ending

2023

Name

Employer Identification Number

TIPTON CARE PHARMACY INC

87-1240467

TIPTON C	ARE PHARMACY I	NC			240467
	-	Prior Y	ear	Current Year	Next Year
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover
20th	more coop ration ray.	(moonie onset)	Carryovers	NOL Othized	Carryover
12/31/03					
9th					
12/31/04					
l8th					
12/31/05					
7th					
12/31/06					
16th					
12/31/07					
5th					
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13th 12/31/10					
12 / 31 / 10 12th					
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12/31/14					
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7th					
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Sth					
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5th					
12/31/18					
th 12/31/19					
12/31/13 Brd					
12/31/20					
2nd					
12/31/21	-43,116	3,893	39,223		39,223
st		-/	,		
12/31/22	4,866	-3,893			
	vailable To Current Year		39,223		
Yurrant Va	0				
Current Year	-1,278		and the second		1,278
NOL Carryover A	vailable To Next Year				40,50

Form **1120**

Carryover Worksheet - Capital Gain (Loss) and Section 1231

, ending

2023

Name

TIPTON CARE PHARMACY INC

For calendar year 2023 or tax year beginning

Employer Identification Number 87-1240467

Net Capital Los	SS	Prior	Year	Current Year	Next Year	
Preceding Tax Year	Net Capital Gain/(Loss)	Loss Utilized or C/B (Gains Offset)	Capital Loss Carryover	Gain Offset By Carryback/ Carryovers Utilized	Capital Loss Carryover	
5th 12/31/18						
4th 12/31/19						
3rd 12/31/20			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
2nd 12/31/21						
1st 12/31/22						
Capital Loss Carryove	r Available To Current	Year	0			
Current Year		o				
Capital Loss Carryover	r Available To Next Ye	ar			(

Section 1231 Lo	sses	Prio	r Year	Current Year	Next Year
Preceding Tax Year	1231 Loss	Recaptured	Unrecaptured	Prior Losses Recaptured	Unrecaptured
5th 12/31/18		•			
4th 12/31/19					A Section 2015 Control American (Section 2015) Control American Control
3rd 12/31/20					
2nd 12/31/21					
1st 12/31/22	24,199		24,199		24,199
1231 Losses Available fo	or Recapture in Current	Year	24,199	A Name of the Control	
Current Year	0	***	***	The second secon	0
1231 Losses Available fo	or Recapture in Next Yea	ar			24,199

87-	12	4 0.	16	7
0/-	12	404	40	1

Federal Statements

Statement 1 - Form 1120, Page 1, Line 26 - Other Deductions

Description	 Amount
ACCOUNTING	\$ 1,750
TOTAL	\$ 1,750

Statement 2 - Form 1120, Page 6, Schedule L, Line 18 - Other Current Liabilities

Description	o	ginning f Year	⊢nd of Year
FEDERAL INCOME TAX PAYABLE STATE TAX PAYABLE	\$	204 87	\$
TOTAL	\$	291	\$ 0

Statement 3 - Form 1120, Page 6, Schedule M-1, Line 5 - Expenses on Books Not on Return

Description	Am	ount
FINES AND PENALTIES	\$	10
TOTAL	\$	10